

# Exhibit 4



Universal Service Administrative Company  
Schools & Libraries Division

FORM 500 NOTIFICATION LETTER  
(Funding Year 2002: 07/01/2002 - 06/30/2003)

September 19, 2005

Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Inc.  
Michael Pacioni  
17601 James Couzens  
Detroit, MI 48235

Re: Service Provider Name: Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Inc.  
Service Provider Identification Number: 143023091

This letter is to notify you that the Schools and Libraries Division (SLD) of the Universal Service Administrative Company has received and accepted FCC Form(s) 500 (Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form) from Billed Entities who filed FCC Form(s) 471 listing your company's Service Provider Identification Number (SPIN). This Form 500 information will affect information previously reported to you.

As described in the "Funding Commitment Synopsis Explanation" below, this letter confirms several important pieces of information from each Form 500. Each Funding Commitment Synopsis relates to a particular Funding Request Number (FRN) and will set forth the modifications requested by the applicant for that FRN. (An FRN is the number assigned to each Block 5 of the applicant's Form 471 once an application has been processed.) Changes may include:

- change of the previously reported Service Start Date;
- change of the previously reported Contract Expiration Date;
- cancellation of an FRN;
- reduction of an FRN.

NOTICE ON SERVICE START DATE

There may be some situations where the New Service Start Date as reflected on this letter has been changed from what the applicant indicated on the Form 500. Such changes are made by the SLD to be sure that the service start date is in compliance with program rules. You will know that a change has been made if there is an asterisk (\*) next to the New Service Start Date. It is important that you and the 471 applicant both recognize that the SLD should be invoiced and the SLD may direct disbursement of the discounts only on eligible, approved services actually delivered and installed after the Service Start Date indicated on this letter.

Any appeal of the change in Service Start Date detailed in a Form 500 Notification Letter must be received within 60 days of the date on the Form 500 Notification Letter. (Information on the appeal process can be found in "Appeals Procedure" posted in the Reference Area of the SLD web site, [www.sl.universalservice.org](http://www.sl.universalservice.org)) Therefore, prompt

communication with your customer is essential.

#### NOTICE ON INVOICING

**INVOICING DEADLINES:** After a Form 486 has been properly filed, the SLD must receive an invoice from either the applicant or the service provider in order to make payments for approved discounts on eligible services. Form 472, Billed Entity Applicant Reimbursement (BEAR) Form, is filed by the applicant; Form 474, Service Provider Invoice Form, is filed by the service provider. Invoices must be postmarked no later than 120 calendar days after the last date to receive service or 120 calendar days after the date of the Form 486 Notification Letter, whichever is later. If an invoice is postmarked after the later of those two dates, payment will be denied.

Please note that the SLD encourages service providers to work with their customers to establish whether discounts will appear on bills or whether customers prefer a reimbursement process. The SLD will process either reimbursements based on Form 472 (BEAR) or discounts based on Form 474 (SPIF) for a given FRN. Once established, however, the selected process - SPIFs or BEARs - must be used consistently for the entire Funding Year.

**NOTE:** The SLD will base the billing mode (reimbursement or discounting) on the first invoice type that it processes for payment. It is therefore imperative for the service provider and the customer to establish together the preferred invoicing mode.

#### EXPLANATION OF INFORMATION PROVIDED IN THE FORM 500 NOTIFICATION LETTER

On the following pages is a list of FRNs under which you are providing service and for which the applicant has notified us that it is making a modification. To help you understand this list, the following definitions are provided. Most of these are identical to the definitions that were included in the Funding Commitment Decision Letters (FCDL) earlier sent to you.

**Funding Request Number (FRN):** A Funding Request Number is assigned by the SLD to each Block 5 on the applicant's Form 471 once an application has been processed. This number is used to report to applicants and service providers the status of individual discount requests submitted on a Form 471.

**Form 471 Application Number:** A unique identifier assigned to a Form 471 application by the SLD.

**Name of 471 Billed Entity Applicant:** The name of entity that applied to the SLD, from Item 1 of the Form 471.

**Entity Number:** A unique identifier assigned by the SLD for the Billed Entity applicant.

**Name of Form 500 Contact Person:** The name of the contact person from Block 1 of the Form 500.

**Form 500 Contact Person Information:** Mailing address from Block 1, Item 5 of the Form 500, telephone number, fax number, and e-mail address.

**Funding Year:** The funding year for which discounts have been approved. Funding years begin on July 1 and end on the following June 30. Funding years are designated by the calendar year in which they begin.

**Billing Account Number:** The account number that you have established with your customer for billing purposes. This will be present only if a Billing Account Number was provided on Form 471.

**Service Start Date Change (SHOWN ONLY IF REQUESTED):** The New Service Start Date as indicated on the Form 500. If this date is marked with an asterisk, it was changed by SLD from what the applicant indicated on the Form 500 to be in compliance with program rules and an explanation for the change has been provided. This date as shown is controlling and USAC will not reimburse discounts on services delivered prior to this date.

**Service Start Date Change Explanation (SHOWN ONLY IF RELEVANT):** If the Service Start Date is marked with an asterisk, this field will appear to explain why SLD changed the date. One of the following explanations may appear:

**AVSCD:** The Service Start Date may not be before the Allowable Vendor Selection/Contract Date (AVSCD) from the Form 470 cited for this FRN on the Form 471. If the applicant indicated an earlier SSD on the Form 500, SLD changed the SSD to the AVSCD.

486 DEADLINE: Applicants can not use the Form 500 to change the Service Start Date from an adjusted Service Start Date on the Form 486. If the applicant indicated an earlier SSD on the Form 500, SLD changed the SSD to what was reflected on the Form 486 Notification letter sent to both the applicant and the service provider.

Contract Expiration Date Change (SHOWN ONLY IF REQUESTED): The Original Contract Expiration Date as shown on the Form 471 and the New Contract Expiration Date. A contract extension does not result in more money being committed to the FRN; the funding remains at the level provided in the Funding Commitment Decision Letter, but an extension may provide more time for the provision of service.

Cancel FRN (SHOWN ONLY IF REQUESTED): The Original Commitment Amount as shown in the Funding Commitment Decision Letter (FCDL) and a New Commitment Amount of \$0.00. Canceling an FRN is an irrevocable action.

Reduce FRN (SHOWN ONLY IF REQUESTED): The Original Commitment Amount as shown in the Funding Commitment Decision Letter (FCDL) and the New Commitment Amount After Reduction. The New Commitment Amount will become the new cap for the FRN. Reducing an FRN is an irrevocable action.

FORM 500 NOTIFICATION LETTER FUNDING COMMITMENT SYNOPSIS  
(Funding Year 2002)

Service Provider Name: Michigan Ed. Sch. Ser., Inc. dba Learning Consultants, Inc.  
Service Provider Identification Number: 143023091

Funding Request Number: 866098  
Form 471 Application Number: 324052  
Name of 471 Applicant: HIGHLAND PARK COMMUNITY JR HIGH SCH *3rd floor*  
Entity Number: 54862  
Name of Form 500 Contact Person: SMERDIS L. HUGHES, JR.  
Form 500 Contact Person Information: 20 BARTLETT, HIGHLAND PARK, MI 48203, 313-957-3000,  
313-868-0315, HUGHES@HIPARK.K12.MI.US  
Funding Year 2002: 07/01/2002 - 06/30/2003  
Billing Account Number: 3138523002  
Contract Expiration Date Change: 06/30/2003; 12/31/2005

Funding Request Number: 866693  
Form 471 Application Number: 324177  
Name of 471 Applicant: HIGHLAND PARK COMMUNITY HIGH SCHOOL *1st and 2nd floor*  
Entity Number: 54861  
Name of Form 500 Contact Person: SMERDIS L. HUGHES, JR.  
Form 500 Contact Person Information: 15900 WOODWARD AVE, HIGHLAND PARK, MI 48203-2948,  
313-957-3000, 313-868-0315, HUGHES@HIPARK.K12.MI.US  
Funding Year 2002: 07/01/2002 - 06/30/2003  
Billing Account Number: 313-852-3001  
Contract Expiration Date Change: 06/30/2003; 12/31/2005



Universal Service Administrative Company  
Schools & Libraries Division

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(Funding Year 2002: 07/01/2002 - 06/30/2003)

September 19, 2005

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17601 James Couzens  
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Entity Number: 54862  
Name of Form 500 Contact Person: SMERDIS L. HUGHES, JR.  
Form 500 Contact Person Information: 20 BARTLETT, HIGHLAND PARK, MI 48203, 313-957-3000,  
313-868-0315, HUGHES@HIPARK.K12.MI.US  
Funding Year 2002: 07/01/2002 - 06/30/2003  
Billing Account Number: 3138523002  
Contract Expiration Date Change: 06/30/2003; 12/31/2005

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Funding Year 2002: 07/01/2002 - 06/30/2003  
Billing Account Number: 313-852-3001  
Contract Expiration Date Change: 06/30/2003; 12/31/2005



Schools and Libraries Division  
Correspondence Unit  
100 South Jefferson Road  
P.O. Box 902  
Whippany, New Jersey 07981

10/30/2006 06:31

3138614406

LEARNING CONSULTANTS

PAGE 05

# **TIME SENSITIVE MATERIAL**

00001  
Michigan Ed. Sch. Ser., Inc. dba Learning Consultants,  
Michael Pacioni  
17601 James Couzens  
Detroit, MI 48235



# **Universal Service for Schools and Libraries Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form**

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by Schools and Libraries or Consortia.)

Form 500 Number  
(unique identifying number assigned by applicant)

## Block 1: Applicant Information

1. Name of Billed Entity Applicant (required) <b>HIGHLAND PARK JR. HIGH</b>		2. Billed Entity Number (required) <b>54862</b>	3. Funding Year (required) <b>2002</b>
4. Complete Mailing Address of Billed Entity Applicant (required) Street Address, P. O. Box or Route Number <b>15900 WOODWARD AVENUE</b>		City <b>HIGHLAND PARK</b>	State <b>MI</b>
		Zip Code <b>48203</b>	
10-Digit Phone Number <b>313/957-3000 X1029</b>	Fax Telephone Number <b>313/868-0315</b>	E-Mail Address <b>HUGHESS@HIPARK.K12.MI.US</b>	
5. Contact Person Information			
Contact Person Name (required) <b>SMERDIS L. HUGHES, JR.</b>			
Mailing Address (required if different from Item 4) Street Address, P. O. Box or Route Number <b>20 BARTLETT AVENUE</b>			
		City <b>HIGHLAND PARK</b>	State <b>MI</b>
		Zip Code <b>48203</b>	
10-Digit Phone Number <b>313/957-3000 X1029</b>	Fax Telephone Number <b>313/868-0315</b>	E-Mail Address <b>HUGHESS@HIPARK.K12.MI.US</b>	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.

The FCC is authorized under the Communications Act of 1934, as amended, to collect the personal information we request in this form. We will use the information you provide to determine whether approving this application is in the public interest. If we believe there may be a violation or potential violation of a FCC statute, regulation, rule or order, your application may be referred to the Federal, state, or local agency responsible for investigating, prosecuting, enforcing or implementing the statute, rule, regulation or order. In certain cases, the information in your application may be disclosed to the Department of Justice or a court or adjudicative body when (a) the FCC; or (b) any employee of the FCC; or (c) the United States Government, is a party in a proceeding before the body or has an interest in the proceeding.

If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554.

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

COPY

# **Universal Service for Schools and Libraries** **Adjustment to Funding Commitment and** **Modification to Receipt of Service Confirmation Form**

Please read instructions before completing.

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 (To be completed by Schools and Libraries or Consortia.)

Form 500 Number  
 (unique identifying number assigned by applicant)

**Block 1: Applicant Information**

1. Name of Billed Entity Applicant (required) <b>HIGHLAND PARK SCHOOLS</b>		2. Billed Entity Number (required) <b>54862</b>	3. Funding Year (required) <b>2002</b>
4. Complete Mailing Address of Billed Entity Applicant (required) Street Address, P. O. Box or Route Number		City	State Zip Code
<b>20 BARTLETT</b>		<b>HIGHLAND PARK</b>	<b>MI 48203</b>
10-Digit Phone Number	Fax Telephone Number	E-Mail Address	
<b>313/ 957-3000 X1029</b>	<b>313/ 868-0315</b>	<b>HUGHES@HIPARK.K12.MI.US</b>	
5. Contact Person Information			
Contact Person Name (required) <b>SMERDIS L. HUGHES, JR.</b>			
Mailing Address (required if different from Item 4) Street Address, P. O. Box or Route Number		City	State Zip Code
<b>313/ 957-3000 X1029</b>		<b>313/ 868-0315</b>	<b>HUGHES@HIPARK.K12.MI.US</b>

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Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)

Billed Entity Name	HIGHLAND PARK JR. HIGH	Contact Name	SMERDIS L. HUGHES, JR.
Billed Entity Number	54862	Contact Telephone Number	313/ 957-3000 X1029

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

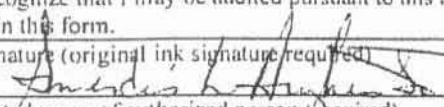
To launch the submission of invoices for payment, please file Form 486.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required):	324052
(B) Funding Request Number (required):	866098
(C) Billing Account Number (required, if contained in your FCDL):	
(D) Service Provider Name (required):	MICHIGAN EDUC. SCHOOL SERVICES, INC.
(E) Service Provider SPIN (required):	14302391

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	9-30-05	12-31-05
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Do Not Write In This Area	
Billed Entity Name <u>HIGHLAND PARK JR. H.S.</u>	Contact Name <u>SMERDIS L. HUGHES, JR.</u>
Billed Entity Number <u>54862</u>	Contact Telephone Number <u>313/ 957-3000</u> <div style="text-align: right;">EXT. 1029</div>
<b>Block 3: Certification</b> 7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.	
10. Signature (original ink signature required) 	11. Date (required) <div style="text-align: right;">8/15/05</div>
12. Printed name of authorized person (required) <u>SMERDIS L. HUGHES, JR.</u>	
13. Title or position of authorized person (required) <u>ASST. SUPERINTENDENT, FISCAL INTEGRITY</u>	
14. Telephone number of authorized person (required) <u>313/ 957-3000 X1029</u>	
15. E-Mail address of authorized person (required, if available) <u>HUGHESS@HIPARK.K12.MI.US</u>	
16. Address of authorized person (required) <u>20 BARTLETT</u> <span style="float: right;"><u>HIGHLAND PARK, MI 48203</u></span>	

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

SLD-Form 500  
P. O. Box 7026  
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100

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 (unique identifying number assigned by applicant)

## Block 1: Applicant Information

1. Name of Billed Entity Applicant (required) <b>HIGHLAND PARK COMMUNITY JR. HIGH SCHOOL</b>		2. Billed Entity Number (required) <b>54862</b>	3. Funding Year (required) <b>2002</b>
4. Complete Mailing Address of Billed Entity Applicant (required)			
Street Address, P. O. Box or Route Number <b>20 Bartlett</b>	City <b>Highland Park</b>	State <b>Mi</b>	Zip Code <b>48203</b>
10-Digit Phone Number <b>313/957-3000 x1029</b>	Fax Telephone Number <b>313/ 868-0315</b>	E-Mail Address <b>hughess@hipark.k12.mi.us</b>	
5. Contact Person Information			
Contact Person Name (required) <b>Smerdis L Hughes, Jr.</b>			
Mailing Address (required if different from Item 4)			
Street Address, P. O. Box or Route Number	City	State	Zip Code
10-Digit Phone Number <b>313/ 957-3000 x1029</b>	Fax Telephone Number <b>313/ 868-0315</b>	E-Mail Address <b>hughess@hipark.k12.mi.us</b>	

Persons willfully making false statements on this form can be punished by fine or forfeiture, under the Communications Act, 47 U.S.C. Secs. 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. Sec. 1001.

NOTICE: The collection of information stems from the Commission's authority under Section 254 of the Communications Act of 1934, as amended, 47 U.S.C. § 254. The data in the form will be used to inform the Schools and Libraries Division of the Universal Service Administrative Company that a billed entity, and/or the schools and libraries that it represents, wishes to reduce its funding commitment amount on the funding request number level, or has modified the beginning or ending date for services received during the funding year.

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If you do not provide the information requested on the form, your application may be returned without action or your application may be delayed.

The foregoing Notice is required by the Privacy Act of 1974, Pub. L. No. 93-579, December 31, 1974, 5 U.S.C. § 552, and the Paperwork Reduction Act of 1995, Pub. L. No. 104-13, 44 U.S.C. § 3501, *et seq.*

Public reporting burden for this collection of information is estimated to average 1.5 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, completing, and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the reporting burden, to the Federal Communications Commission, Performance Evaluation and Records Management, Washington, D.C. 20554

Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)



Billed Entity Name	<u>Highland Park</u> COMMUNITY JR. HIGH SCHOOL	Contact Name	<u>Smerdis L Hughes, Jr.</u>
Billed Entity Number	<u>54862</u>	Contact Telephone Number	<u>313/ 957-3000 x1029</u>

**Block 2: Services Adjustment: Fill in one Block 2 for EACH Funding Request (FRN) affected.** If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:

**Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**

**New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.

**Contract Expiration Date:** If you wish to change the ending date for services. This action will not result in more funding but you could combine it with a reduction in funding.

**Cancel:** If you wish to cancel a Funding Request Number. Please note: This action is irrevocable and the FRN can NOT be reinstated later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

**Reduce:** If you wish to reduce the amount of your funding commitment for a particular FRN. This action is irrevocable and the FRN can NOT be increased later. This action would allow money to be put back into the Universal Service fund for possible commitment to other applicants.

The information required can be found in your Funding Commitment Decision Letter (FCDL) pertaining to the Funding Request (FRN) being affected.

To launch the submission of invoices for payment, please file **Form 486**.

#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

(A) Form 471 Application Number (required): **324052**

(B) Funding Request Number (required): **866098**

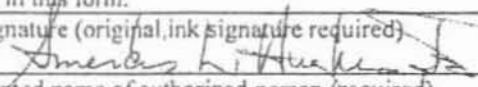
(C) Billing Account Number (required, if contained in your FCDL):

(D) Service Provider Name (required): **Michigan Educational School Services, Inc.**

(E) Service Provider SPIN (required): **14302391**

#### ADJUSTMENT TO FRN LISTED ABOVE:

<b>(F) Service Start Date</b>	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
<b>(G) Contract Expiration Date</b>	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	<b>12/31/2005</b>	<b>12/31/2006</b>
<b>(H) Cancel FRN</b>	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		<b>\$0.00</b>
<b>(I) Reduce FRN</b>	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Do Not Write in This Area	
Billed Entity Name <u>Highland Park</u> <u>COMMUNITY JR. HIGH SCHOOL</u>	Contact Name <u>Smerdis L Hughes, Jr.</u>
Billed Entity Number <u>54862</u>	Contact Telephone Number <u>313/ 957-3000 x10</u>
<b>Block 3: Certification</b> 7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.	
10. Signature (original, ink signature required) 	11. Date (required) <u>3/30/2006</u>
12. Printed name of authorized person (required) <u>Smerdis L Hughes, Jr.</u>	
13. Title or position of authorized person (required) <u>Assistant Superintendent of Fiscal Integrity</u>	
14. Telephone number of authorized person (required) <u>313-957-3000 xt 1029</u>	
15. E-Mail address of authorized person (required, if available) <u>hughess@hipark.k12.mi.us</u>	
16. Address of authorized person (required) <u>20 Bartlett, Highland Park, Michigan 48203</u>	

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

**SLD-Form 500**  
**P. O. Box 7026**  
**Lawrence, Kansas 66044-7026**

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

**SLD-Form 500**  
**c/o Ms. Smith**  
**3833 Greenway Drive**  
**Lawrence, Kansas 66046**  
**888-203-8100**

FCC Form  
500

Do Not Write In This Area

REVISED  
9/12/05

Approval by OMB  
3060-0853

COPY

**Universal Service for Schools and Libraries  
Adjustment to Funding Commitment and  
Modification to Receipt of Service Confirmation Form**

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by Schools and Libraries or Consortia.)

Form 500 Number  
(unique identifying number assigned by applicant)

**Block 1: Applicant Information**

1. Name of Billed Entity Applicant (required) <b>HIGHLAND PARK H.S.</b>		2. Billed Entity Number (required) <b>54861</b>	3. Funding Year (required) <b>2002</b>
4. Complete Mailing Address of Billed Entity Applicant (required)			
Street Address, P. O. Box or Route Number <b>15900 WOODWARD AVENUE</b>		City <b>HIGHLAND PARK</b>	State <b>MI</b>
		Zip Code <b>48203</b>	
10-Digit Phone Number <b>313/957-3000 X1029</b>	Fax Telephone Number <b>313/868-0315</b>	E-Mail Address <b>HUGHESS@HIPARK.K12.MI.US</b>	
5. Contact Person Information			
Contact Person Name (required) <b>SMERDIS L. HUGHES, JR.</b>			
Mailing Address (required if different from Item 4)			
Street Address, P. O. Box or Route Number <b>20 BARTLETT AVENUE</b>		City <b>HIGHLAND PARK</b>	State <b>MI</b>
		Zip Code <b>48203</b>	
10-Digit Phone Number <b>313/957-3000 X1029</b>	Fax Telephone Number <b>313/868-0315</b>	E-Mail Address <b>HUGHESS@HIPARK.K12.MI.US</b>	

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**Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)**

# Universal Service for Schools and Libraries

## Adjustment to Funding Commitment and Modification to Receipt of Service Confirmation Form

Please read instructions before completing.

Estimated Average Burden Hours Per Response: 1.5 hours  
(To be completed by Schools and Libraries or Consortia.)Form 500 Number  
(unique identifying number assigned by applicant)**Block 1: Applicant Information**

1. Name of Billed Entity Applicant (required) <b>HIGHLAND PARK COMMUNITY HIGH SCHOOL</b>	2. Billed Entity Number (required) <b>54861</b>	3. Funding Year (required) <b>2002</b>
---	---	--

4. Complete Mailing Address of Billed Entity Applicant (required)			
Street Address, P. O. Box or Route Number <b>20 Bartlett</b>	City <b>Highland Park</b>	State <b>Mi</b>	Zip Code <b>48203</b>
10-Digit Phone Number <b>313/957-3000 x1029</b>	Fax Telephone Number <b>313/ 868-0315</b>	E-Mail Address <b>hughess@hipark.k12.mi.us</b>	

5. Contact Person Information			
Contact Person Name (required) <b>Smerdis L Hughes, Jr.</b>			

Mailing Address (required if different from Item 4)			
Street Address, P. O. Box or Route Number	City	State	Zip Code
10-Digit Phone Number <b>313/ 957-3000 x1029</b>	Fax Telephone Number <b>313/ 868-0315</b>	E-Mail Address <b>hughess@hipark.k12.mi.us</b>	

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Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator) \_\_\_\_\_

Billed Entity Name	<u>Highland Park</u> COMMUNITY HIGH SCHOOL	Contact Name	<u>Smerdis L Hughes, Jr.</u>
Billed Entity Number	<u>54861</u>	Contact Telephone Number	<u>313/ 957-3000 x1029</u>

**Block 2: Services Adjustment:** Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2

6. Provide the following information about each service cited in your Form 471 Block 5, Discount Funding Request, [FRN] for which you want to take one of the following actions:
- Remember: The FRNs listed on this form must be for the same Funding Year as listed in Item 3, Block 1.**
- New Start Date:** If you wish to change the Funding Year Service Start Date you listed on a previously filed Form 486 in this funding year. This action will NOT result in more funding.
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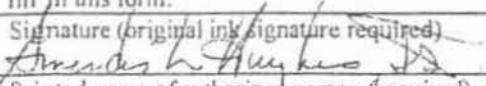
#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

- (A) Form 471 Application Number (required): **324177**
- (B) Funding Request Number (required): **866693**
- (C) Billing Account Number (required, if contained in your FCDL):
- (D) Service Provider Name (required): **Michigan Educational School Services, Inc.**
- (E) Service Provider SPIN (required): **14302391**

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	<b>12/31/2005</b>	<b>12/31/2006</b>
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		<b>\$0.00</b>
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		



Do Not Write In This Area	
Billed Entity Name <u>Highland Park</u> <u>COMMUNITY HIGH SCHOOL</u>	Contact Name <u>Smerdis L Hughes, Jr.</u>
Billed Entity Number <u>54861</u>	Contact Telephone Number <u>313/ 957-3000 x18</u>
<b>Block 3: Certification</b> 7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.	
10. Signature (original ink signature required) 	11. Date (required) <u>3/30/2006</u>
12. Printed name of authorized person (required) <u>Smerdis L Hughes, Jr.</u>	
13. Title or position of authorized person (required) <u>Assistant Superintendent of Fiscal Integrity</u>	
14. Telephone number of authorized person (required) <u>313-957-3000 xt 1029</u>	
15. E-Mail address of authorized person (required, if available) <u>hughess@hipark.k12.mi.us</u>	
16. Address of authorized person (required) <u>20 Bartlett, Highland Park, Michigan 48203</u>	

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SLD-Form 500  
P. O. Box 7026  
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100

COPY

# **Universal Service for Schools and Libraries** **Adjustment to Funding Commitment and** **Modification to Receipt of Service Confirmation Form**

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 (To be completed by Schools and Libraries or Consortia.)

Form 500 Number  
 (unique identifying number assigned by applicant)

**Block 1: Applicant Information**

1. Name of Billed Entity Applicant (required) <b>HIGHLAND PARK SCHOOLS</b>		2. Billed Entity Number (required) <b>54861</b>	3. Funding Year (required) <b>2002</b>
4. Complete Mailing Address of Billed Entity Applicant (required) Street Address, P. O. Box or Route Number      City      State      Zip Code <b>20 BARTLETT      HIGHLAND PARK      MI      48203</b>			
10-Digit Phone Number <b>313/ 957-3000 X1029</b>	Fax Telephone Number <b>313/ 868-0315</b>	E-Mail Address <b>HUGHES@HIPARK.K12.MI.US</b>	
5. Contact Person Information			
Contact Person Name (required) <b>SMERDIS L. HUGHES, JR.</b>			
Mailing Address (required if different from Item 4) Street Address, P. O. Box or Route Number      City      State      Zip Code <b>313/ 957-3000 X1029      313/ 868-0315      HUGHES@HIPARK.K12.MI.US</b>			

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Billed Entity Applicant's 500 Number (to be assigned by Fund Administrator)



Billed Entity Name	HIGHLAND PARK H.S.	Contact Name	SMERDIS L. HUGHES, JR.
Billed Entity Number	54861	Contact Telephone Number	313/ 957-3000 X1029

**Block 2: Services Adjustment:** Fill in one Block 2 for EACH Funding Request (FRN) affected. If you are submitting more than one Block 2, please number your pages 2A, 2B, 2C, etc. and write the number in the space provided here: Page 2

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#### IDENTIFICATION OF THE FRN TO BE ADJUSTED

- |   |                                      |
|---|--------------------------------------|
| (A) Form 471 Application Number (required):                       | 324177                               |
| (B) Funding Request Number (required):                            | 866693                               |
| (C) Billing Account Number (required, if contained in your FCDL): |                                      |
| (D) Service Provider Name (required):                             | MICHIGAN EDUC. SCHOOL SERVICES, INC. |
| (E) Service Provider SPIN (required):                             | 14302391                             |

#### ADJUSTMENT TO FRN LISTED ABOVE:

(F) Service Start Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input type="checkbox"/> Change Date		
(G) Contract Expiration Date	Original Date (mm/dd/yyyy):	New Date (mm/dd/yyyy):
<input checked="" type="checkbox"/> Change Date	9-30-05	12-31-05
(H) Cancel FRN	Original Commitment Amount:	New Commitment Amount:
<input type="checkbox"/> Please Cancel		\$0.00
(I) Reduce FRN	Original Commitment Amount from FCDL:	New Commitment Amount AFTER Reduction:
<input type="checkbox"/> Please Reduce		

Do Not Write In This Area	
Billed Entity Name <u>HIGHLAND PARK H.S.</u>	Contact Name <u>SMERDIS L. HUGHES, JR.</u>
Billed Entity Number <u>54861</u>	Contact Telephone Number <u>313/957-3000</u> <div style="text-align: right;">EXT. 1029</div>
<b>Block 3: Certification</b> 7. I certify that I am authorized to submit this Form on behalf of the above-named billed entity applicant, that I have examined this request, and that, to the best of my knowledge, information, and belief, all statements of fact contained herein are true. 8. I understand that the discount level used for shared services is conditional, for future years, upon ensuring that the most disadvantaged schools and libraries that are treated as sharing in the services receive an appropriate share of benefits from those services. 9. I recognize that I may be audited pursuant to this application and will retain for five years any and all records that I rely upon to fill in this form.	
10. Signature (original ink signature required) 	11. Date (required) <u>8/15/05</u>
12. Printed name of authorized person (required) <u>SMERDIS L. HUGHES, JR.</u>	
13. Title or position of authorized person (required) <u>ASST. SUPERINTENDENT, FISCAL INTEGRITY</u>	
14. Telephone number of authorized person (required) <u>313/ 957-3000 X1029</u>	
15. E-Mail address of authorized person (required, if available) <u>HUGHESS@HIPARK.K12.MI.US</u>	
16. Address of authorized person (required) <u>20 BARTLETT                      HIGHLAND PARK, MI 48203</u>	

A paper copy of this form, with an original signature in Block 3, Item 10 should be mailed to:

SLD-Form 500  
P. O. Box 7026  
Lawrence, Kansas 66044-7026

If sent by express delivery services or U.S. Postal Service, Return Receipt Requested, the form should be mailed to:

SLD-Form 500  
c/o Ms. Smith  
3833 Greenway Drive  
Lawrence, Kansas 66046  
888-203-8100